

DEC 29 2003

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FACSIMILE TRANSMITTAL

TO:

Name: Examiner M. Brown

Firm: U.S. Patent & Trademark Office

Fax No.: 703-872-9302

Subject: U.S. Patent Application No. 09/605,001

Gary Karlin Michelson

Filed: June 27, 2000

APPARATUS AND METHOD OF INSERTING
SPINAL IMPLANTS

Attorney Docket No. 101.0044-04000

Customer No. 22882

FROM:

Name: Amedeo F. Ferraro, Esq.

Phone No.: 330-877-2277

No. of Pages (including this): 16

Date: December 29, 2003

Confirmation Copy to Follow: NO

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$140 additional claims fee charged to Deposit Account No. 50-1066), Amendment, and Second Request for Interference Under 37 C.F.R. § 1.607 are being facsimile transmitted to the U.S. Patent and Trademark Office on December 29, 2003.



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
 Gary Karlin Michelson
 Serial No.: 09/805,001
 Filed: June 27, 2000
 For: APPARATUS AND METHOD OF INSERTING
 SPINAL IMPLANTS

Art Unit: 3764
 Examiner: M. Brown

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ No additional fee is required.
☐ Applicant hereby requests a ___-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	25	3	LG=\$18 SM=\$9	\$ 54.00
INDEPENDENT CLAIMS FEE	10	-	9	1	LG=\$86 SM=\$43	\$ 86.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$270 SMALL ENTITY FEE = \$135	\$ --
TOTAL						\$ 140.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ A fee in the amount of \$140.00 to cover the additional claims fee is to be charged to Deposit Account No. 50-1066.
☐ A fee in the amount of \$___ to cover the three month extension of time is enclosed.
☐ A check in the amount of \$___ to cover the above fees is enclosed.
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 MARTIN & FERRARO, L.L.P.

By: 

Amadeo F. Ferraro
 Registration No. 37,129

Date: December 29, 2003

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